

State Notes

TOPICS OF LEGISLATIVE INTEREST

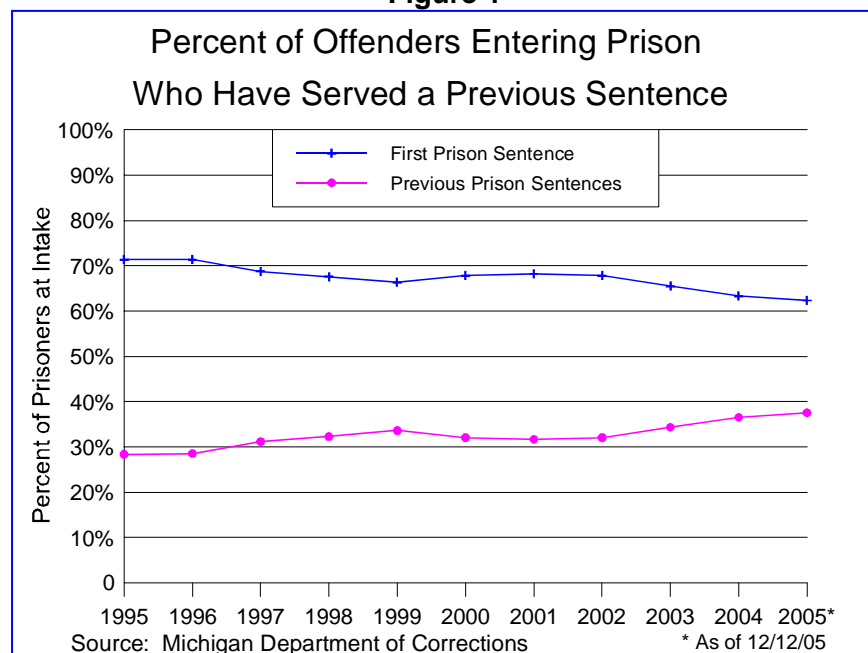
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The Michigan Prisoner Re-Entry Initiative By Lindsay Hollander, Fiscal Analyst

The Department of Corrections (DOC) accounts for 4.6% of Michigan's total State government budget, 19.8% of the General Fund/General Purpose budget, and has the fifth largest departmental budget in the State for fiscal year (FY) 2005-06. The appropriation has increased every year since FY 2001-02. As prison populations rise, the State also may have to invest additional funds in order to build new prisons. The prison population for 2005 (49,377) included over 10,000 more inmates than the 1995 population, and was three times higher than the population in 1985 (16,003). Much of the growth in the prison population can be accounted for by offenders who have served prison sentences in the past, meaning they already have been through the DOC system. Figure 1 shows that the proportion of prisoners entering Michigan prisons who have served a previous prison sentence rose nearly 10.0% since 1995. The majority of these offenders have served one or two previous sentences. These data include both offenders who received their sentence during their parole term and those who were sentenced after their parole term.

Figure 1



Michigan Prisoner Re-Entry Initiative

In an attempt to curb prison population growth, the DOC developed the "Michigan Prisoner Re-entry Initiative" (MPRI). The MPRI proposes to transform the DOC in two ways. The first involves the way the MPRI redefines an offender's parole experience by building a plan for re-entry into the community at the beginning of Phase I, the offender's entry into prison. This plan is called the Transition Accountability Plan (TAP) and is created with the input of prison staff, the offender, his or her family, parole officers, victims, human service providers from other State



departments¹, and local community organizations. This collaboration of these stakeholders is the second way that the DOC is reforming its operations. This model's goal is for offenders to have the appropriate resources to prepare for parole and re-enter the community.

The TAP incorporates a variety of plans, including obtaining a driver's license, receiving mental health treatment, and finding employment. The TAP is rewritten three times as the offender makes the transition from entering prison, to ending the process with discharge from parole. The first rewrite occurs during Phase II. Phase II begins nine months to one year before the offender's parole and ends when the offender is paroled. A second rewrite occurs during Phase III at parole when the TAP will include a parole supervision plan. Finally, a discharge plan is created at the end of Phase III. The Transition Team, which includes DOC staff and community human service providers, uses a case management model to monitor the offender's status and the implementation of the TAP. As the offender gets closer to discharge, community service providers will take over the case entirely, depending on the offender's needs.

Funding

Funds for the MPRI were first appropriated in the FY 2005-06 budget legislation containing the DOC budget, Public Act 154 of 2005. The \$12,878,700 line item is funded by General Fund/General Purpose and a \$1,035,000 grant for prisoner reintegration from the U.S. Department of Justice (DOJ). The appropriation will provide \$5.0 million for the first eight pilot sites², which will target 1,800 offenders and serve 1,000 during the fiscal year. The Mentally Ill Inmate Demonstration Project received \$3.0 million for a statewide test of Phase II and III of the MPRI model on 300 mentally ill offenders. An additional \$3.0 million will be for MPRI service contracts in Wayne County, and other necessary services. The line item also provides \$1.0 million for planning and administrative costs within the DOC.

A proposed supplemental appropriation for FY 2005-06 would provide an additional \$4.0 million for the second round of MPRI pilot sites.³ This funding would carry over as a work project to the next fiscal year. The Governor's budget proposal does not increase the appropriation for the MPRI for the second round of pilot sites, on the assumption that the supplemental will be approved.

History

Before the program's establishment in the FY 2005-06 budget, the DOC and other government entities already had begun the preliminary planning stages for the MPRI. In 2003, the DOC secured technical assistance grants from the National Institute of Corrections (NIC) and the National Governors Association (NGA) to address planning a re-entry program in Michigan. In

¹ The State Policy Team consists of representatives from the DOC, the Department of Labor and Economic Growth (DLEG), the Department of Community Health (DCH), the Department of Human Services (DHS), and the Department of Education (DOE).

² First round pilot sites include: Wayne, Kent, Genesee, Macomb, Kalamazoo, Ingham, and Berrien Counties and a nine-county rural region in northwestern Lower Peninsula.

³ Second round pilot sites include: Oakland, Muskegon, Jackson, Saginaw, Washtenaw, St. Clair, and Calhoun Counties.



October 2003, the Michigan Prisoner Re-entry Advisory Council held its first meeting in order to begin planning the implementation of a model developed by the NIC called the "Transition from Prison to Community Model". The Advisory Council also used information from the Serious and Violent Offender Initiative (SVORI), which had been operating in Wayne County under the name Walk With Me since 2002 with a grant from the DOJ. Implementation began with the creation of a State Policy Team.

Beginning as early as 2002, communities and prisons around Michigan launched their own re-entry programs. These programs all used different re-entry models and funding sources. The first program, Walk With Me, encompassed the same elements as the MPRI, but its model differed from its successor. Since the program's inception, 25 out of 99 offenders (25.25%) who were paroled while in the program have failed parole and returned to prison. Additionally, 51 offenders have graduated to Phase III of the program, and 44 of these successful parolees are either employed or in educational or training programs. The 99 offenders in the program were in addition to 222 offenders who originally participated in Phase I of Walk With Me, but were unable to continue to parole in Phase II because they either were denied parole or were paroled outside of Wayne County. Advisory Council members and communities developed six other sites that demonstrated some of the elements that would be used later for the full MPRI pilots. Some of these sites were funded with Office of Community Corrections grants or other DOC funds, while others were funded locally or through Federal grants. In 2005, these re-entry programs began modifying their activities in order to incorporate the MPRI model. The programs, along with one other, serve as the eight pilot sites for the MPRI funded in the FY 2005-06 budget.

In March 2005, the Intensive Parole Release Unit began operating at the Cooper Street Correctional Facility (men, 480 beds) and the Huron Valley Complex (women, 52 beds). This program incorporates MPRI's model at Phase II, which involves special programming and planning in preparation for an offender's parole while he or she is still in prison. To date, 961 prisoners have completed the program and have been released from prison. Of these offenders, 4.5% have returned to prison.

With the implementation of the first two rounds of pilot sites, the DOC will ensure that the MPRI is in all urban counties and will include 80.0% of parolees by the end of 2006. The remaining rural counties will get MPRI sites during FY 2006-07, to be funded in FY 2007-08.

Current Status

As of February 2006, 160 offenders (20 at each pilot site) have entered the MPRI, and of these, 121 offenders have been paroled. These parolees have a 100% success rate so far. Before the MPRI began, 53.4% of those paroled in 2003 successfully remained in the community after two years. The remaining cases of this first cohort will be paroled by April 2006. According to the DOC, offenders are chosen for the MPRI based on whether they completed their requirements, such as earning a GED, and if they came from a county that currently has a pilot site. As the program is implemented statewide, all offenders will participate in Phase I of the MPRI when they enter prison.

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The DOC does not expect the MPRI to have an impact on intake rates until after 2006. After 2006, the DOC expects intake rates and population rates to remain stable due to an expected increase in parole approval rates, and a decrease in parolee returns to prison. Assuming the MPRI will achieve these expected results, the run-out-of-beds date will be put off until March 2008. Over time, the DOC also expects to see a 2.0% annual improvement in the parole success rate. This improvement, however, will be compared with the baseline success rate of 51.3% from 1998. The DOC has not put forth plans to compare parole success rates of MPRI participants with a control group who did not participate in the MPRI. As the full MPRI Model is implemented, it may not be possible to distinguish the MPRI's real impact on offenders and the prison population from other factors that influence parole success rates.